

SVE Athlete Information & Medical Release

Form

Athlete Name: _____ Date of Birth: _____

Athlete Email: _____ Athlete Cell: _____

Address: _____

City/State/Zip: _____

Mother Name: _____ Mother Cell: _____

Father Name: _____ Father Cell: _____

Current School: _____ Home Phone: _____

Billing Email (to email receipts): _____

Who referred you / how did you hear about Silicon Valley Elite? _____

Medical Authorization and Liability Release

EMERGENCY PROCEDURES: For minor injuries, Silicon Valley Elite's policy is to call the parent/guardian listed above, inform them, and follow their directions. In the rare case of a more serious injury, Silicon Valley Elite's policy is to first call 911, then call the parent/guardian listed above. If, however, there is a question in the mind of any representative of Silicon Valley Elite as to whether an injury may not be minor and does not appear to be serious, said representative shall err on the side of caution and treat the injury as being serious thereby first calling 911 and then call the parent/guardian.

EMERGENCY TREATMENT PRE – AUTHORIZATION: I authorize Silicon Valley Elite and its representatives to consent to medical treatment for my child when I cannot be reached to consent. I also give Silicon Valley Elite permission to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to Silicon Valley Elite's instruction, practices, or performances. No prior determination to life threatening or danger of serious permanent result from treatment need to be made under this authorization.

MINOR INJURIES /OTC MEDICATION: Silicon Valley Elite will provide bandages for minor scrapes and cuts. We will ONLY provide Tylenol/Advil with parent/ guardian verbal consent (in person OR over the phone) each time a request is made. We do not provide any other medications.

LIABILITY RELEASE: I am fully aware that any activity involving motion, height, athletic activity and/or gymnastic equipment (i.e. Tumble-Trak, Trampoline Etc.) creates the possibility of serious injury, and I further agree to hold Silicon Valley Elite and its staff and officers harmless for any injury or resulting expenses. I release and discharge all rights and claims against Silicon Valley Elite and all its representatives.

PUBLICITY RELEASE: The undersigned does hereby grant Silicon Valley Elite the unrestricted right to use the undersigned's name, likeness, or appearance on any cheerleading/Tumbling advertising or marketing pieces such as but not limited to: Competition posters, calendars, film material, photographs, video material, computer software/hardware, electronic on-line services, or other similar promotional material in any form, content or medium in order to promote or market Silicon Valley Elite.

SPORTSMANSHIP: It is the goal of Silicon Valley Elite to provide a fun, competitive, innovative and positive environment. We will not tolerate bad sportsmanship by participants, coaches, and fans/parents. We reserve the right to remove any person/persons who are unsportsmanlike or do not follow the directions of Silicon Valley Elite's owners and staff.

CLASS PROGRAM: Silicon Valley Elite charges an annual \$75 registration fee for new class program athletes. The cost for classes ranges on your package and will NOT be prorated. In the event you come mid month you will have the option of paying the \$25 drop in class rate for every class until the month is over, but you will have to pay the next months tuition up front the day of your first drop in class.

Please list any physical/psychological limitation, injury or weakness that may affect the athlete: _____

Any medicines allergic to:

Insurance Carrier: _____ Policy Number: _____

Parent/Guardian Signature: _____

Date: _____